



LEGISLATIVE AGENDA

115TH CONGRESS

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BIPARTISAN HEROIN TASK FORCE
LEGISLATIVE AGENDA: 115TH CONGRESS

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PREVENTION

JESSIE'S LAW

H.R.1554 | Rep. Tim Walberg (R-MI)

Summary: A bill named after Michigan resident Jessie Grubb who tragically died of an opioid overdose last year. Jessie's Law would help ensure doctors have access to a consenting patient's prior history of addiction in order to make fully informed care and treatment decisions.

Co-Lead: Rep. Debbie Dingell (D-MI)

Cosponsors: 11

Status: Referred to the House Committee on Energy and Commerce

STEM THE TIDE OF OVERDOSE PREVALENCE FROM OPIATE DRUGS (STOP OD) ACT

H.R.664 | Rep. David Joyce (R-OH)

Summary: This bill would authorize \$75 million annually in grants for two years to expand educational efforts to prevent opiate abuse, promote treatment and recovery, and promote the understanding that addiction is a chronic disease. This bill would also authorize \$150 million annually in grants for two years to provide access to Naloxone, training in the administration of the drug, and testing for Fentanyl.

This grant would be paid for in part by a fee of \$80, the cost of one unit of Naloxone, attached to conviction for the manufacture, distribution, or possession with the intent to distribute certain drugs. It would also extend data center consolidation efforts for two more years, generating about \$500 million in savings.

Co-Lead: Rep. Tim Ryan (D-OH)

Cosponsors: 47

Status: Referred to the Committees on Energy and Commerce, the Judiciary, Oversight and Government Reform, and Armed Services

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TREATMENT

ADDICTION RECOVERY THROUGH FAMILY HEALTH ACCOUNTS ACT

H.R.1575 | Rep. Tom MacArthur (R-NJ)

Summary: This legislation would give family members the option of using funds in their Health Savings Accounts, Flexible Spending Accounts, or similar accounts to pay for addiction treatment for any relative, even if they aren't a dependent. Currently, you are not permitted to use funds in your tax advantaged accounts to pay for a family member's rehab unless they are your spouse, dependent, or a dependent relative. This legislation will make sure any family member struggling with addiction can be helped by a relative with these tax advantaged funds.

Co-Lead: Rep. Katherine Clark (D-MA)

Cosponsors: 8

Status: Referred to the Committee on Ways and Means

ROAD TO RECOVERY ACT

H.R.2938 | Rep. Brian Fitzpatrick (R-PA)

Summary: This bill would eliminate the Medicaid Institutions for Mental Diseases (IMD) exclusion for substance use disorder and help states expand access to inpatient treatment for Medicaid enrollees.

Co-Lead: Rep. Stephanie Murphy (D-FL)

Cosponsors: 35

Status: Referred to the Committee on Energy and Commerce

ADDICTION TREATMENT ACCESS IMPROVEMENT ACT

H.R. 3692 | Rep. Paul Tonko (D-NY)

Summary: would expand access to medication-assisted treatment for vulnerable populations such as pregnant and postpartum women by expanding the list of providers eligible to prescribe buprenorphine, an office-based form of medication-assisted treatment, to include clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists. In addition, this legislation would codify the 2016 regulation that expanded the number of patients qualified physicians could treat to 275, while preserving the ability of the HHS Secretary to adjust the patient limit, and make permanent the authorization that allows non-physician providers to treat patients with buprenorphine.

Co-Lead: Rep. Ben Ray Lujan (D-NM)

Cosponsors: 7

Status: Referred to the Committees on Energy and Commerce, and the Judiciary

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LAW ENFORCEMENT & CRIMINAL JUSTICE

INTERNATIONAL NARCOTICS TRAFFICKING EMERGENCY RESPONSE BY DETECTING INCOMING CONTRABAND WITH TECHNOLOGY (INTERDICT) ACT

H.R.2142 | Rep. Niki Tsongas (D-MA)

Summary: Authorizes the appropriation of \$15 million for U.S. Customs and Border Protection (CBP) to fund new screening devices, laboratory equipment, facilities, and personnel for the latest in chemical screening devices and scientific support to detect and intercept fentanyl and other synthetic opioids.

Co-Lead: Rep. Brian Fitzpatrick (R-PA)

Cosponsors: 18

Status: Passed the House and Senate, Presented to President

THE REFORMING AND EXPANDING ACCESS TO TREATMENT (TREAT) ACT

H.R. 982 | Rep. Michael Turner (R-OH)

Summary: Would end the IMD exclusion for individuals who are incarcerated, allowing Medicaid to reimburse for desperately-needed substance abuse treatment services furnished to them. Also lifts a 1990s-era SAMSHA policy prohibiting that agency's grants from being used to furnish incarcerated individuals with substance abuse treatment services. This will help prevent the cycle of prisons breeding addicts and recidivists, rather than promoting a return to being a productive member of society.

Co-Lead: Rep. Marcia Fudge (D-OH) and Rep. Nikki Tsongas (D-MA)

Cosponsors: 11

Status: Referred to the Committee on Energy and Commerce

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CHILDREN & FAMILIES

SYNTHETIC DRUG AWARENESS ACT

H.R.449 | Rep. Hakeem Jeffries (D-NY)

Summary: This bill would require the United States Surgeon General to submit a report to Congress on the public health effects of the rise in synthetic drug use among young people aged 12 to 18.

Co-Lead: Reps. Gowdy (R-SC), Butterfield (D-NC), & Collins (R-NY)

Cosponsors: 39

Status: Referred to the Committee on Energy and Commerce

CARING RECOVERY FOR INFANTS AND BABIES (CRIB) ACT

H.R.2501 | Rep. Evan Jenkins (R-WV)

Summary: The bill would establish residential pediatric care centers within Medicaid to treat babies with neonatal abstinence syndrome (NAS) exposure to opioids during pregnancy. This legislation would establish a provider type for NAS treatment centers clearly defining residential pediatric recovery centers. This legislation also includes an emphasis on residential pediatric recovery centers offering counseling to the mothers and families to help build those important connections from birth.

Co-Lead: Rep. Katherine Clark (D-MA)

Cosponsors: 22

Status: Referred to the Committee on Energy and Commerce

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VETERANS AFFAIRS

VA PRESCRIPTION DATA ACCOUNTABILITY ACT

H.R.1545 | Rep. Ann McLane Kuster (D-NH)

Summary: This bill would clarify current law to stipulate that the Veterans Health Administration (VHA) is required to disclose information to state-controlled substance monitoring programs for anyone – veteran or non-veteran – who is prescribed these medications through VA.

Co-Lead: Rep. Brad Wenstrup (R-OH)

Cosponsors: 11

Status: Passed the House, Received in the Senate

VETERANS TREATMENT COURT IMPROVEMENT ACT

H.R. 2147 | Rep. Mike Coffman (R-CO)

Summary: Would authorize \$5.5m/annum 2017-2027 to VA Secretary to hire 50 additional Veteran's Justice Outreach Specialists to work with vets in veterans treatment courts. Requires reporting on effectiveness of VJO program. (VJO specialists are trained and licenses social workers who work with substance-addicted veterans and guide them through the Veterans Court process based on their needs. There are currently over 260 VJO specialists in 167 VA Medical Centers nationwide).

Co-Lead: NA

Cosponsors : 24

Status: HVAC Health Subcommittee held hearing 9/26/17

U.S. DEPARTMENT OF VETERANS AFFAIRS PAIN CENTER OF EXCELLENCE

H.R. ____ | Rep. Ann McLane Kuster (D-NH)

Summary: Would establish a new Center of Excellence for research into pain. The Center of Excellence would provide coordination across VA's existing and innovative research programs on reducing the use of opioids and improving alternative treatments to pain. The Center of Excellence would also conduct new research, especially in prescriber education regarding pain and substance use. The Center of Excellence is inspired in part by NIH's Pain Consortium which coordinates Pain related research across the institutes of NIH.

Co-Lead: TBD

Cosponsors : NA

Status: Pending Draft

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PERSCRIBING

IMPROVE ADDICTION EDUCATION ACT

H.R.4075 | Rep. Don Norcross (D-NJ)

Summary: Directs the Health Resources and Service Administration (HRSA) to work with stakeholders in the medical education accreditation community to develop guidelines for the content and certification of courses that address the topic of addiction management/medicine. HRSA will determine how many course hours are required for this, but it may not be less than 12. HHS will disseminate this information through the accreditors to the medical schools and post it publicly online. Three years following the report of this information, any physician applying for a license with the DEA to prescribe controlled substances must demonstrate that they have taken one of those accredited/certified courses or continuing education on this issue. A physician can apply for a waiver with the DEA to waive this requirement if they certify that they will not prescribe any schedule II or schedule III drugs. Sunsets after 10 years.

Co-Lead: Rep. Brian Fitzpatrick (R-PA)

Cosponsors: 5

Status: Recently to the Committees on Energy and Commerce, and the Judiciary

OPIOID ADDICTION PREVENTION ACT

H.R.3964 | Rep. Phil Roe (R-TN)

Summary: Requires practitioners applying for DEA licenses to prescribed controlled substances to certify they will only prescribe in keeping with current best practice guidelines. Specifically, they will not prescribe the covered substances for the initial treatment of pain unless:

- 1) They firstly or concurrently prescribe non-opioid analgesics
- 2) They clearly state diagnosis for which opioid is prescribed
- 3) The opioid is the lowest effective dose and is not a long-acting or extended release formula
- 4) They do not supply more than a 10-day supply or more than what state law allows, whichever is lesser.

The bill makes exceptions for pain treatment related to chronic pain, cancer, hospice and end-of-life care, palliative care, and addiction treatment (e.g. methadone, etc.).

Co-Lead: Rep. Ann McLane Kuster (D-NH)

Cosponsors: 4

Status: Recently to the Committees on Energy and Commerce, and the Judiciary

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EVERY PRESCRIPTION CONVEYED SECURELY ACT

H.R.3528 | Rep. Katherine Clark (D-MA)

Summary: Starting in 2020, requires all prescriptions for controlled substances through Medicare Part D to be transmitted electronically. Most illegally-obtained opioids are obtained through doctor shopping, forged prescriptions, and/or theft. Requiring e-prescribing can help combat all three methods of illegally obtaining opioids. In order to help doctors and pharmacies comply, the bill allows commonsense waivers to ensure that emergencies, technological barriers, financial barriers, and other specific circumstances are taken into account and exempted. Pharmacists don't have to check that a prescriber has a waiver if they received a paper prescription, to prevent patients from being denied legitimately-needed medication.

Co-Lead: Rep. Markwayne Mullin (R-OK)

Cosponsors: 5

Status: Referred to the Committees on Energy and Commerce, and Ways and Means

**MONITORING AND OBTAINING NEEDED INFORMATION TO
TRACK OPIOIDS RESPONSIBLY (MONITOR) ACT**

H.R.4236 | Rep. Brian Fitzpatrick (R-PA)

Summary: Would require states receiving funds through the 21st Century Cures Act for Prescription Drug Monitoring Programs (PDMPs), to certify that their program meet the following requirements below or that they are using the funds made available to progress towards meeting these requirements:

1. The program complies with a uniform electronic format to be established by the Secretary of HHS.
2. The program meets interoperability standards to be established by the Sec of HHS.
3. The program requires prescribers and dispensers to report each instance a controlled substance is prescribed or filled, no later than 2 business days after it was prescribed or dispensed.
4. The Program makes reported information available to practitioners on a timely basis

The bill would also require the establishment of an advisory group composed of licensed and practicing community pharmacists and other health practitioners to make recommendations on the standards established by HHS.

Co-Lead: Rep. Ann McLane Kuster (D-NH)

Cosponsors: 3

Status: Referred to the House Committee on Energy and Commerce

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RURAL COMMUNITIES

ADDICTION RECOVERY FOR RURAL COMMUNITIES ACT

H.R.3566 | Rep. Cheri Bustos (D-IL)

Summary: Modified three USDA Rural Development programs to give priority to projects related to substance abuse treatment:

1. Distance Learning and Telemedicine Program – 20% of grant funding must go to applicants who can use funds for substance abuse treatment
2. Community Facilities Direct Loans and Grants – priority given to applicants who want to develop substance abuse prevention, treatment, and/or recovery services
3. Rural Health and Safety Education Programs - meant to improve rural health ,e.g. training volunteers or producing educational materials; priority given to applicants who will use funding for prevention, treatment, and/or recovery efforts

Co-Lead: NA

Cosponsors: 5

Status: Referred to the Committee on Agriculture Committee

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